

To: San Francisco Police Department Permits Section 850 Bryant Street, Room 505 San Francisco, CA 94103

Phone: (415) 553-1115 Monday to Friday 9 AM – 12 PM and 1 PM – 4PM

Subject: BACKGROUND CHECK AND CLEARANCE FOR CANNABIS BUSINESS PERMIT(S)

Applicant's Name:					Date:		
Doing Business As (DBA):							
Facility Address:							
Home Address:							
Phone Number:					E-Mail:		
Social Security #:					Place of Birth (State or Country):		
Driver's License # (or ID #/Passport #):					Date of Birth:		
Eye Color:			Hair Color:		Height:		Weight:
DO NOT WRITE BELOW – FOR SFPD USE ONLY							
A preliminary criminal background query indicates:							
Yes	No	A violent felony conviction as specified in subdivision (c) of Section 667.5 of the California Pena					
0	0	Code*					
O	\circ	A serious felony conviction as specified in subdivision (c) of Section 1192.7 of the California Penal Code*					
0	A felony conviction involving fraud, deceit, or embezzlement* A felony conviction for hiring, employing, or using a minor in transporting, carrying giving away, preparing for sale, or peddling, any controlled substance to a minor, or						
O							to a minor, or selling,
_	_	offering to sell, furnishing, offering to furnish, administering, or giving any controlled substance to a minor					
O	0	A felony conviction for drug trafficking with enhancements pursuant to Section 11370.4 or 11379.8 of the California Health and Safety Code					
*Please do not select "Yes" if this was a prior conviction, where the sentence, including any term of probation,							
incarceration, or supervised release, is completed, for possession of, possession for sale, sale, manufacture, transportation, or cultivation of a controlled substance.							
Yes No Prior Felony or Misdemeanor Convictions: O Livescan Results Date:							
Prior Felony or Misdemeanor Convictions: C Livescan Results, Date:							
Reviewed by (Print):				Star #:	Signat		e:

SFPD CHARGES \$186.00 PER BACKGROUND CHECK. APPLICANT NEEDS TO BE PRESENT. SUBMIT THIS FORM AND PAYMENT IN PERSON TO SFPD. CHECKS OR MONEY ORDER ONLY. NO CASH.

1 Dr Carlton B Goodlett Place, Room 018, San Francisco, CA 94102

Phone: 415-554-4420, Email: officeofcannabis@sfgov.org